



City of Placentia
Development Services Department
Application Work Sheet

401 E. CHAPMAN AVENUE, PLACENTIA, CA 92870 – PLANNING DIVISION (714) 993-8124 - FAX (714) 961-0283

A project will NOT be processed until all information has been determined to be adequate and complete. The following SHALL be included at the time of submittal:

Property Address: _____

City: _____ State: _____ Zip: _____ APN #: _____

Brief Description of Project: _____

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Phone: _____ Fax: _____ Alt. Phone: _____

Zoning District: _____ Date of Submission: _____

Property Owner Name: _____ Property Owner Phone: _____

Owner Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Please check the type of application you are submitting:

- | | | |
|---|---|---|
| <input type="checkbox"/> Use Permit (Special) | <input type="checkbox"/> Development Plan Review | <input type="checkbox"/> Lot Line Adjustment |
| <input type="checkbox"/> Use Permit (Modification) | <input type="checkbox"/> Site Plan Review | <input type="checkbox"/> General Plan Amendment |
| <input type="checkbox"/> Use Permit | <input type="checkbox"/> Sign Plan Review | <input type="checkbox"/> Zone Change |
| <input type="checkbox"/> Use Permit (Alcohol) | <input type="checkbox"/> Planned Unit Development | <input type="checkbox"/> Variance |
| <input type="checkbox"/> Use Conformity Determination | <input type="checkbox"/> Tentative Tract/Parcel Map | <input type="checkbox"/> Pre-Application Review |
| <input type="checkbox"/> Use Permit Time Extension | <input type="checkbox"/> Development Agreement | <input type="checkbox"/> Appeal of Decision |
| <input type="checkbox"/> Temporary Use Permit | <input type="checkbox"/> Other application: _____ | |

Please provide a list of names and addresses of all external parties (architects, engineers, property owners etc.) to receive copies of relevant documents: (if none listed only the applicant will be sent documents)

Party 1 Name: _____ Company: _____
 Address: _____
 Phone: _____ Email: _____

Party 2 Name: _____ Company: _____
 Address: _____
 Phone: _____ Email: _____

Party 3 Name: _____ Company: _____
 Address: _____
 Phone: _____ Email: _____

Party 4 Name: _____ Company: _____
 Address: _____
 Phone: _____ Email: _____

Signatures of both the Applicant and the Property Owner are required for submission.
 Applicant and Property Owner are same.

	Date		Date
Applicant		Property Owner	
PRINTED NAME		PRINTED NAME	

By signing the above, I declare under penalty of perjury that I am the property owner for the address listed above and I personally certify the above information is true and correct. *Note: A copy of the owner's driver's license, form notarization, or other verification acceptable to the agency is required to be presented when the application is submitted to verify the property owner's signature.*

FOR CITY USE ONLY

Date Received: _____ Accepted by: _____
 Planning Commission Hearing Date: _____ Staff Review? ____ Yes ____ No
 General Plan Designation: _____ Zoning: _____

<p>FILING FEES</p> <p>Application: _____</p> <p>Initial Study: _____</p> <p>Neg. Dec.: _____</p> <p>County Fee: _____</p> <p>Other: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: right;">Total: _____</p>	<p>CHECK LIST - SIGNATURES</p> <p>Application: _____</p> <p>Property Owner: _____</p> <p>Letter of Authorization _____</p> <p>CEQA STATUS</p> <p>EIR #: _____</p> <p>Neg. Dec. # _____</p> <p>Cat. Exempt? _____</p> <p>_____</p> <p>Mailing List? _____</p>
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Notes: